

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name/Location: _____

Case Name: _____

Case Number: _____
(if applicable)

PETITION TO EXPUNGE (REMOVE)
Pursuant to RSA 169-C:35

1. Petitioner Name _____

Date of Birth _____ Social Security Number _____

Residence Address _____

Mailing Address (if different) _____

Telephone Number (Home) _____ (Work) _____

2. Child's Name _____ Date of Birth _____

3. Date of Court Finding (if applicable) _____

4. The petitioner states as follows:

a. Pursuant to RSA 169-C:35, my name was listed as reported by the New Hampshire Department of Health and Human Services, Division for Children, Youth and Families ("the Department") as of _____ (date) on the State's Central Registry of founded reports of abuse and neglect. It has been:

☐ More than one (1) year since the date my name was entered on the State's Central Registry;

OR

☐ Three (3) or more years since the denial of my last Petition to have my name expunged (removed) from the State's Central Registry.

b. Consistent with RSA 169-C:35, IV(c), I understand that as a result of this Petition to Expunge, the Court will order the Department to:

(1) Submit my name, address, date of birth and social security number to the New Hampshire Department of Safety to conduct a search of their criminal records and for the results of this search to be submitted to the Court;

(2) Report to the Court concerning any additional founded abuse and/or neglect reports against me; and

(3) Provide any additional information that may aid the Court in making a determination on this Petition to Expunge.

c. Attached is a signed and notarized Criminal Records Release.

d. In addition to the above, I ask the Court to consider the following information in support of the Petition to Expunge:

Case Name: _____
Case Number: _____
PETITION TO EXPUNGE

- e. Upon the Court's receipt and review of the information provided by the Department, I request that the Court grant this Petition to Expunge and order the Department to remove my name from the State's Central Registry, OR, in the alternative, that the Court schedule a hearing on this Petition.

Date

Signature of Petitioner

Printed Name of Petitioner

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

ORDER

THE COURT MAKES THE FOLLOWING ORDERS:

- ☐ DCYF shall submit the petitioner's name, address, date of birth and social security number to the New Hampshire Department of Safety to conduct a search of their criminal records and for the results of this search to be submitted to the Court;
- ☐ DCYF shall report to the Court concerning any additional founded abuse and/or neglect reports against the petitioner; and
- ☐ DCYF shall provide any additional information that may aid the Court in making a determination on this Petition to Expunge.
- ☐ Other: _____

Recommended:

Date

Printed Name of Marital Master

Signature of Marital Master

So Ordered:

Date

Printed Name of Judge

Signature of Judge

C: ☐ Petitioner ☐ Court ☐ NH DCYF, Central Registry ☐ Other: _____